

ENTITY ANNUAL REPORT (Revised 12-97)
 PRESCRIBED STATE BOARD OF ACCOUNTS FORM E-1

OFFICE USE ONLY

SBA NO. _____

Audit Determination:

_____ Organizational
 _____ Complete
 _____ Limited
 _____ Waived

Entity's Fiscal Year End

 Month Day Year

Legal Name

Federal ID No.

ATTACH PEEL OFF LABEL

D/B/A

Business Phone No.

CORRECTIONS REQUESTED

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Street Address

City

County

State

Zip

Name of Operating Officer

Title

TYPE OF ORGANIZATION

LEGAL STATUS

_____ Corporation _____ Proprietary

_____ For Profit

_____ Partnership _____ Association

_____ Not-For-Profit

FINANCIAL INFORMATION

1. Government Funds Received During Year \$ _____

2. Government Funds Disbursed During Year: Federal \$ _____

State & Local \$ _____ \$ _____

3. Entity's Total Disbursements (or Expenditures) For The Year \$ _____

 4. Percent of Government Funds Disbursed to Entity's Total
 Disbursements (or Expenditures) (Line 2 ÷ 3 =) _____ %

This information is reported on the _____ cash basis _____ accrual basis

Is this the initial Form E-1 filing for the entity? _____ yes _____ no

NOTE:

This Entity Annual Report (Form E-1) is used to determine the audit requirements placed on your entity by IC 5-11-1-9. File this report within thirty (30) days of the close of your entity's fiscal year end.

Instructions for completing Form E-1 are included in the attached memorandum.

Mail to the Indiana State Board of Accounts, 302 W. Washington Street, 4th Floor Room E418,
 Indianapolis, IN 46204

DETAIL OF GOVERNMENT FUNDS RECEIVED

List the government funds received during the year by agency, address, program title and amount. Attach additional sheets if necessary.

GOVERNMENT AGENCY	ADDRESS	PROGRAM TITLE	AMOUNT RECEIVED

Please complete the following information:

Date organization was founded: _____

Describe organizations purpose: _____

Describe organizational governing structure: _____

Independent Public Accountant (IPA) Audit Information:

Have you ever been audited by and IPA? Yes _____ No _____

If so, what was the last fiscal year audited? _____

Name and address of IPA that conducted audit: _____